of emotional support. **CONCLUSIONS:** This exploratory study supports the construct validity of the SBDD measure because SBDD was associated with SF-36 domains in expected ways. SBDD was associated with certain predictors of future health status, including health behaviors such as regular exercise. SBDD could be use as a community indicator to assess the burden of mental distress in women in Venezuela.

PMH42

HEALTH-RELATED QUALITY OF LIFE OF MARRIED, WORKING WOMEN WITH CHILDREN (SUPERWOMAN SYNDROME) IN KOREA

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OBJECTIVES: To assess health-related quality of life (QoL) of married, working women with children (working-moms) faced with psychosocial stress (known as superwoman syndrome). **METHODS:** A total of 200 working-moms (aged 40.2 ± 5.3) were recruited randomly by telephone, and a questionnaire was administered to classify types of superwomen syndrome: self-reliance type (ST), conflict type (CT), and additive type (AT). To compare, a community samples of aged group (n = 80, aged 70.0 ± 5.9) were recruited at a local community center. We measured QoL using SF-36v2 for both groups. **RESULTS:** As expected younger working-moms reported significantly higher physical function (PF: 79.7 ± 18.7 vs. 71.9 ± 21.9; $p = .0031$) and mental health (MH: 49.2 ± 15.3 vs. 41.0 ± 14.8; $p < .0001$). On the contrary role-physical (RP: 78.9 ± 23.6 vs. 80.5 ± 22.5) and role-emotional (RE: 77.2 ± 25.0 vs. 83.2 ± 24.0) scores were lower than aged. Additionally, social functioning (SF) was significantly lower in working-moms ($p < .0003$). Further by types, most physical-related scales of ST group (n = 10) were significantly higher (all p's < 0.0025), whereas vitality (VT) and MH were lower than aged. Majority of working-moms were classified as CT group (n = 169). They reported the same QoL patterns as total samples. Notably, AT group (n = 21) reported only MH (62.9 ± 13.8 vs. 41.0 ± 14.8; $p < 0.0001$) was significantly higher than aged, and rest were either similar (PF, VT), or significantly lower than aged (RP: 62.8 ± 24.6 vs. 80.5 ± 22.5, RE: 55.1 ± 26.6 vs. 83.2 ± 24.0; all p's < 0.002). **CONCLUSIONS:** Most working-moms reported higher functioning and well-being, but in fact they were limited in playing roles due to physical and mental problems. It is suspected that they are denying and suppressing their various health problems. Particularly, additive group report they are in well-being, but the study showed they are definitely not. They even may develop mentally and physically-related diseases in the near future. Therefore, a cohort study is urgent for working, married women with children in Korea.

PMH43

THE SPANISH VERSION OF THE TOOL QUESTIONNAIRE: A USEFUL MEASURE FOR EVALUATING THE HRQOL AND UTILITIES FROM SCHIZOPHRENIC AND BIPOLAR PATIENTS

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OBJECTIVES: Develop a cross-cultural translation, Swedish to Spanish, of TOOL questionnaire—a previously validated instrument to assess the impact of adverse effects (AE) on the health utilities and health related quality of life (HRQoL) in patients with schizophrenia and bipolar disorder. **METHODS:** TOOL questionnaire has 8 attributes and 4 levels per domain (Likert scale). These domains are mood (anxiety and depression), function capabilities, and AE frequently associated with antipsychotic drugs (fatigue-weakness, weight gain, stiffness-tremor, physical restlessness, sexual dysfunction, and vertigo-nausea). Firstly, 4 independent translators (3 Spanish and 1 Swedish) carried out the forward-backward translations of the original TOOL questionnaire. Next, draft version was reviewed by an experts panel (5 psychiatrists & 1 GP specialized in HRQoL) and tested in 40 stable patients (20 schizophrenic & 20 bipolar). Regarding patients' responses, comprehension and importance (C/I) of each item were evaluated by using a Likert scale ranging from 0 (lowest level of C/I) to 4 (highest level of C/I). Furthermore, feasibility and internal consistency were preliminary analyzed. **RESULTS:** According to experts' criteria 3 items should be modified to facilitate comprehension: mood, physical restlessness and vertigo-nausea. However, C/I of items mean scores were respectively: mood (3.50/2.37); function capabilities (2.58/2.03); fatigue-weakness (3.58/2.55); weight gain-(3.75/2.87); stiffness-tremor (3.65/2.61); restlessness (3.37/2.62); sexual dysfunction (3.39/2.51) and vertigo-nausea (3.56/2.44). Furthermore, only 2 patients (5%) were unable to complete this questionnaire. Internal consistency was high (Cronbach $\alpha = 0.87$) and neither item ceiling nor floor effects were found in patients responses. Finally, the Spanish version of the TOOL questionnaire was reached by consensus. **CONCLUSIONS:** The Swedish TOOL questionnaire was culturally adapted into Spanish. Psychometric analyses are needed to validate this HRQoL measure in Spain. Moreover, a multtiatribute utility fuction should be estimated to evaluate AE by using a patients' centered perspective.

PMH44

LINGUISTIC VALIDATION, SENSITIVITY AND SPECIFICITY OF THE SCALE "DEPRESSION IN THE MEDICALLY ILL-18"

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OBJECTIVES: 1) To develop a linguistically validated version of the DMI-18 in Castilian; 2) to evaluate its sensitivity and specificity as a screening tool for depression in a sample of patients with an organic illness attending the General Hospital of Galdakao—Usansolo; and 3) to compare its screening qualities with the ones of the most used screening tools, such as the Hospital and Anxiety Depression Scale (HADS), the Beck Depression Inventory Fast Screen (BDI-FS) and the Patient Health Questionnaire-9 (PHQ-9). **METHODS:** The DMI-18 was validated linguistically into Castilian using the translation—backtranslation method recommended by Acquadro, Conway, Giroudet, and Mear, (2004). Researchers interviewed somatic patients (n = 11) and experts in depression (n = 3) to detect possible understanding difficulties in the DMI-18 questions. Dr. Parker, original author of the DMI-18, collaborated during the translation process. The sample was composed by 156 outpatients and inpatients that were attending some service of the Hospital. Patients completed the DMI-18, HADS, BDI-FS and the PHQ-9. Immediately afterwards a mental health clinician interviewed patients individually using a psychiatric semistructured interview (PRIME-MD) to state whether the patient presented or not an affective disorder. The resulting diagnoses coming from the self application of the screening tests were compared against the clinical assessments made by the expert in mental health. These data were used to calculate the sensitivity and the specificity of the DMI-18, and of the competing screening instruments. **RESULTS:** Using the clinicians valuation as the gold

standard, and setting a cut-off scores of ≥20 for the DMI-18, >8 for the HADS, >5 for the PHQ-9, and >4 for the BDI-FS to diagnose depression. **CONCLUSIONS:** The Spanish validated DMI-18 scale maintains an adequate conceptual and semantic equivalence with the original and is easily understood by patients. It also has shown adequate sensitivity and specificity in the detection of affective disorders with similar results to those of the original version (sensitivity 91.7%–95.0%, specificity 68.1%–72.4%). Its sensitivity to detect depression is comparatively lower than the sensitivity of the convergent measures, but its specificity if notably better.

PMH45

A COMPARISON OF PATIENT AND PHYSICIAN ATTITUDES TOWARDS THE GOALS FOR THE TREATMENT OF SCHIZOPHRENIA IN GERMANY

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BACKGROUND: Patient centered care requires physicians to accommodate views and needs of patients, but to date there has been little evidence as to the degree of concordance between patients and physicians in terms of their treatment goals and its achievement. **OBJECTIVES:** To identify, value and compare the treatment goals of patients and physicians for the treatment of schizophrenia, and to measure self reported and physician performance of patients with respect to these goals. **METHODS:** A mixed methods approach was taken combining qualitative and quantitative data. First, 20 relevant treatment goals were identified through patient focus groups (n = 30) and literature. A survey was then developed to rank the goals and to rate its importance using 5-point Likert scales. Finally degree of achievement was assessed. The survey was administered to both patients (n = 105) and physicians (n = 160) by trained field workers. Data was analyzed using means and t-tests as appropriate. **RESULTS:** We found that the three most important goals for patients were: reduction of anxiety (80.5), improvement of cognitive abilities (79.25), and reduced feelings of depression (79). Physicians rated: reduction of symptoms (82.25), increase of self-confidence (80.75), and improvement of cognitive abilities (80.5) as having the highest importance. When asked to rate the performance of patients with respect to these goals, we found that physicians continuously judged more critical than patients. Significant differences were found for improvement of cognitive abilities ($p < 0.05$), increase of independence ($p < 0.05$), decrease lack of emotion ($p < 0.05$), increase of overall-satisfaction ($p < 0.05$), improved ability to express oneself ($p < 0.05$), and recreation of social contacts ($p < 0.05$). **CONCLUSIONS:** Results suggest that schizophrenic patients and physicians value treatment goals and their achievement relative discordant. As schizophrenic patients are capable to state their requirements, this should be considered in treatment decisions to improve treatment outcomes.

PMH46

PATIENT PREFERENCES IN ADHD—DISCRETE CHOICE EXPERIMENT

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OBJECTIVES: While the clinical efficacy of drugs for ADHD is widely studied in clinical trials (usually randomised controlled trials, RCTs), patient preferences with regard to their treatments are not well understood and therefore considered to a less extend. Aim of this study therefore was to explore the patients perceptions of an "ideal treatment" for ADHD. **METHODS:** Examination of the state of the art as reported in the literature was followed by a qualitative study with four focus groups consisting of 6–8 parents of ADHD-patients each. In a subsequent quantitative study phase, data was collected in an online or paper-pencil self-fill-in questionnaire for parents of patients and patient (age >14 years) themselves. It included sociodemographic data, treatment history and actual treatment and patients preferences of therapy characteristics using direct measurement (23 items on a 5-point Likert-scale) as well as a discrete-choice-experiment (DCE, 8 pairs with 6 characteristics). **RESULTS:** N = 213 questionnaires were filled; most of them by the parents of patients (79% by the mothers, 9% by the fathers). Most of the patients were male (83%) and most of them (83%) had actual medical treatment of ADHD. Direct measurement showed "good emotional quality of live", "no addiction on medication", "improvement of concentration capability," and "few side effects" in the first places. In the DCE, alternatives with "better social quality of life (friendships etc. possible)", "better emotional quality of life (disease not all of the time mentally present)", and "longer duration of medication effect" were more likely to be chosen, giving thus similar results. **CONCLUSIONS:** N = 213 questionnaires were filled; most of them by the parents of patients (79% by the mothers, 9% by the fathers). Most of the patients were male (83%) and most of them (83%) had actual medical treatment of ADHD. Direct measurement showed "good emotional quality of live", "no addiction on medication", "improvement of concentration capability," and "few side effects" in the first places. In the DCE, alternatives with "better social quality of life (friendships etc. possible)", "better emotional quality of life (disease not all of the time mentally present)", and "longer duration of medication effect" were more likely to be chosen, giving thus similar results.

PMH47

QUANTIFYING UNMET NEEDS AMONG PATIENTS WITH DEPRESSION USING AN SSRI OR SNRI ACROSS FIVE EUROPEAN COUNTRIES USING PATIENT-REPORTED SURVEY DATA

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OBJECTIVES: Traditionally, unmet needs are assessed using claims data, clinician-reported metrics, or patient-reported metrics from clinical trials. We seek to use patient-reported survey data from five European countries to quantify unmet needs of patients with depression currently using selective serotonin reuptake inhibitors (SSRIs) or serotonin-norepinephrine reuptake inhibitors (SNRIs). This study will highlight the benefits of patient-reported survey data. **METHODS:** We analyzed data from the 2007 European National Health and Wellness Survey, an annual, cross-sectional, patient-reported survey of adults (aged 18+) in France, Germany, Italy, Spain, and the UK. The sample for analysis consisted of patients with diagnosed depression currently using an SSRI or SNRI and excluded patients with bipolar disorder. Unmet needs were defined as an affirmative response to the following symptoms in the past month: bothered by feeling down, depressed or hopeless; and bothered by having little interest or pleasure in doing things. Survey data were projected to national populations. Chi-square was used to test for differences across countries. **RESULTS:** We found 1630 SSRI and 355 SNRI users in the sample, projecting to 6.93 and 1.46 million, respectively. There were 82.5% of SSRI users and 84.3% of SNRI users who were bothered by feeling down, depressed, or hopeless, equating to 5.71 and 1.23 million, respectively. Simi-